

#### **HEALTH ANNUAL STATEMENT**

FOR THE YEAR ENDED DECEMBER 31, 2021 OF THE CONDITION AND AFFAIRS OF THE

## **Priority Health**

NAIC Gr			Code <u>95561</u> E	Employer's ID Numbe	r <u>38-2715520</u>
Organized under the Laws of	(Current) ( Mich	Prior) igan	, State of Domicile	or Port of Entry	MI
Country of Domicile		United Sta	ates of America		
Licensed as business type:		Health Mainte	nance Organization		
Is HMO Federally Qualified? Ye	s[]No[X]				
Incorporated/Organized	03/07/1986		Commenced F	Business	10/15/1986
Statutory Home Office	1231 East Belt	line NE	,	Grand Rapi	ids, MI, US 49525-4501
	(Street and Nu	ımber)			state, Country and Zip Code)
Main Administrative Office			st Beltline NE		
Grand	d Rapids, MI, US 49525-4501	,	and Number)	6	16-464-8931
(City or To	wn, State, Country and Zip C	Code)		(Area Code	e) (Telephone Number)
Mail Address	1231 East Beltline N			Grand Rapi	ids, MI, US 49525-4501
	(Street and Number or P.	O. Box)		(City or Town, S	tate, Country and Zip Code)
Primary Location of Books and R	ecords		ast Beltline NE		
Grand	d Rapids, MI, US 49525-4501	,	and Number)	6	16-464-8131
(City or To	wn, State, Country and Zip C	Code)		(Area Code	e) (Telephone Number)
Internet Website Address		www.prid	orityhealth.com		
Statutory Statement Contact	Rya	n Babiak	,		616-464-0474
n/an	babiak@spectrumhealth.org	(Name)		•	Code) (Telephone Number) 316-942-7916
Tyun.	(E-mail Address)				FAX Number)
		OF	FICERS		
President / Chief Executive	Prayoon Cono	Thadani #	(	Socratory	Kimborly Lynn Thomas
Officer Treasurer / Chief Financial	Praveen Gope		`	Secretary	Kimberly Lynn Thomas
Officer	Nicholas Patrio	ck Gates #			
		O	THER		
		DIRECTORS	S OR TRUSTEES		
Doug Paul		Matth	ew Elson Cox		Christina Michelle Freese Decker
Doug Allen Do Rajesh Ujaml			zabaugh Harten Anders Ness		Birgit Maria Klohs Ora Hirsch Pescovitz #
Paul Gerald	Saginaw	Michael	Frederic Sytsma		Praveen Gope Thadani #
Alicia Margari Elaine Costo		Michael	Butler Verhulst		Wendy Hansen Walker
Eldine Costo	11 77 000				
State of	Michigan	00			
County of		SS			
					tity, and that on the reporting period stated above,
					ns thereon, except as herein stated, and that this statement of all the assets and liabilities and of the
condition and affairs of the said r	eporting entity as of the repo	rting period stated above	, and of its income and	d deductions therefror	m for the period ended, and have been completed
					ent that: (1) state law may differ; or, (2) that state best of their information, knowledge and belief,
respectively. Furthermore, the s	cope of this attestation by th	e described officers also	includes the related of	corresponding electron	nic filing with the NAIC, when required, that is an
exact copy (except for formatting to the enclosed statement.	differences due to electronic	c filing) of the enclosed st	atement. The electron	nic filing may be reque	ested by various regulators in lieu of or in addition
to the enclosed statement.					
Praveen Gope Tha	dani	Nicholas	Patrick Gates		Kimberly Lynn Thomas
President		Tr	reasurer		Secretary
Subscribed and sworn to before i	ne this		<ul><li>a. Is this an</li><li>b. If no,</li></ul>	original filing?	Yes [ X ] No [ ]
	ne uno		,	the amendment numb	per
			<ol><li>Date fi</li></ol>	iled	

3. Number of pages attached......

## **EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals.	5,226,718	471,767	185	1,462,728	1,462,913	5,698,486
Group Subscribers:						
Michigan Public School Employees Retirem	5,342,931					5,342,931
Federal Employees Health Benefits	963,106	218,092				1, 181, 198
Ford Motor Company	2,098,450	14,769				2,113,219
0299997. Group subscriber subtotal	8,404,487	232,861	0	0	0	8,637,348
0299998. Premiums due and unpaid not individually listed	1,371,091	1,398,831	0	613,935	613,935	2,769,922
0299999. Total group	9,775,578	1,631,692	0	613,935	613,935	11,407,270
0399999. Premiums due and unpaid from Medicare entities						
0499999. Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	15,002,296	2,103,459	185	2,076,663	2,076,848	17,105,756

## **EXHIBIT 3 - HEALTH CARE RECEIVABLES**

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
Express Scripts	35,704,985	27,200,163	27,028,904	17,274,908	17,274,908	89,934,052
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	635,913	635,913	635,913	2,952,567	2,952,567	1,907,738
0199999. Total Pharmaceutical Rebate Receivables	36,340,898	27,836,076	27,664,817	20,227,475	20,227,475	91,841,790
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	1,688,307	1,069,359	971, 156			3,728,821
0299999. Total Claim Overpayment Receivables	1,688,307	1,069,359	971,156	0	0	3,728,821
0399998. Aggregate Loans and Advances to Providers Not Individually Listed						
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed						
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed	16,374,381					16,374,381
0599999. Total Risk Sharing Receivables	16,374,381	0	0	0	0	16,374,381
0699998. Aggregate Other Health Care Receivables Not Individually Listed	2,292,107	2,294,807	2,294,807	2,382,891	2,382,891	6,881,722
0699999. Total Other Health Care Receivables	2,292,107	2,294,807	2,294,807	2,382,891	2,382,891	6,881,722
0799999 Gross health care receivables	56,695,693	31,200,242	30,930,780	22,610,366	22,610,366	118,826,714

#### **EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED**

Health Care Rec	eivables Collected			5	6
or Offset Du	or Offset During the Year		as of December 31 of Current Year		
1	1 2		4	Health Care	Estimated Health Car
On Amounts Accrued		On Amounts Accrued		Receivables from	Receivables Accrued
Prior to January 1 of	On Amounts Accrued	December 31 of	On Amounts Accrued	Prior Years	as of December 31
Current Year	During the Year	Prior Year	During the Year	(Columns 1 + 3)	of Prior Year
	Ĭ			,	
90.905.639	221.513.663		112.069.263	90.905.639	85,429,208
2 724 930			3 728 821	2 724 930	2,724,930
2,724,000			0,720,021		
				^	0
				0	0
			16,374,381	0	0
6,938,683	18,033,095		9,264,612	6,938,683	6,853,168
100.569.252	239.546.758	0	141.437.077	100.569.252	95,007,306
	or Offset Du 1 On Amounts Accrued Prior to January 1 of Current Year	1 2 On Amounts Accrued Prior to January 1 of Current Year On Amounts Accrued During the Year 90,905,639	or Offset During the Year         as of December           1         2           On Amounts Accrued Prior to January 1 of Current Year         On Amounts Accrued During the Year           90,905,639         221,513,663           2,724,930         221,513,663           6,938,683         18,033,095	or Offset During the Year         as of December 31 of Current Year           1         2           On Amounts Accrued Prior to January 1 of Current Year         On Amounts Accrued December 31 of Prior Year         On Amounts Accrued December 31 of Prior Year           90,905,639	or Offset During the Year         as of December 31 of Current Year         Health Care Receivables from Prior Year           0n Amounts Accrued Prior to January 1 of Current Year         On Amounts Accrued During the Year         On Amounts Accrued December 31 of Prior Year         On Amounts Accrued During the Year         During the Year         Prior Year           90,905,639         221,513,663         112,069,263         90,905,639           2,724,930         3,728,821         2,724,930           3,728,821         2,724,930           6,938,683         18,033,095         9,264,612         6,938,683

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

## **EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

Aging Analysis of Unpaid Claims											
1	2	3	4	5	6	7					
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total					
Claims Unpaid (Reported)											
0199999. Individually listed claims unpaid	0	0	0	0	0	0					
0299999. Aggregate accounts not individually listed- uncovered	8,247,654					8,247,654					
0399999. Aggregate accounts not individually listed-covered	121,375,575					121,375,575					
0499999. Subtotals	129,623,229	0	0	0	0	129,623,229					
0599999. Unreported claims and other claim reserves						284,072,673					
0699999. Total amounts withheld						29,871					
0799999. Total claims unpaid						413,725,773					
						•					
		<del> </del> <del> </del> -				,					
0899999 Accrued medical incentive pool and bonus amounts	- I	I			1	29,806,042					

## **EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

	0	,				Admi	
i i	2	3	4	Э	O	Aum	nteu
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	o Non-Current
Priority Health Insurance Company	188,845					188,845	
Priority Health Managed Benefits	10,650,368					10,650,368	
Total Health Care, Inc.	8,438,718					8,438,718	
Spectrum Health	1,622,586					1,622,586	
0199999. Individually listed receivables	20,900,517	0	0	0	0	20,900,517	0
0299999. Receivables not individually listed							
0399999 Total gross amounts receivable	20,900,517	0	0	0	0	20,900,517	0

## **EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Spectrum Health System	Risk Share	6,706,506	6,706,506	
Spectrum Health System Priority Health Choice	Premium	16,382,147	16,382,147	
0199999. Individually listed payables		23,088,653	23,088,653	0
0299999. Payables not individually listed		0		
0399999 Total gross payables		23,088,653	23,088,653	0

#### **EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

	1	2	3	4	5	6
	·	-	ŭ	•	ŭ	Column 1
	Direct Medical	Column 1	Total	Column 3	Column 1	Expenses Paid to
	Expense	as a %	Members	as a %	Expenses Paid to	Non-Affiliated
Payment Method	Payment	of Total Payments	Covered	of Total Members	Affiliated Providers	Providers
Capitation Payments:						
Medical groups	94,463	0.0	51,903	7.8	94,463	
2. Intermediaries	0	0.0		0.0		
3. All other providers	5,060,325	0.1	3,614,518	540.9	5,060,325	
Total capitation payments	5 , 154 , 788	0.1	3,666,421	548.7	5, 154, 788	0
Other Payments:						
5. Fee-for-service	189,342,720	4.9	XXX	XXX		189,342,720
Contractual fee payments		68.5	XXX	XXX	2,637,736,700	
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
Bonus/withhold arrangements - contractual fee payments	1,017,145,490	26.4	XXX	XXX	1,017,145,490	
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	3,844,224,910	99.9	XXX	XXX	3,654,882,190	189,342,720
13. TOTAL (Line 4 plus Line 12)	3,849,379,698	100%	XXX	XXX	3,660,036,978	189,342,720

#### **EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

	Exhibit I Fact 2 Command of Invalorations with the				
1	2	3	4	5	6
			Average		Intermediary's
			Monthly	Intermediary's	Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Control Level RBC
1.0.0000	Table 6 monday	oupitution i uiu	- Capitation	Total / tajaotoa oapital	00111101 20101 1120
		ļ			
					***************************************
				1	
		[		1	
9999999 Totals			XXX	XXX	XXX

## Exhibit 8 - Furniture and Equipment Owned

## NONE



## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Priority Health 2. Grand Rapids, MI

								(LOCATION	)	
IAIC Group Code 3383 BUS	SINESS IN THE STATE OF					DURING THE Y	EAR 2021	NAIC Com	oany Code	95561
	1	Comprehensive (Ho		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
	Total	muividuai	Gloup	Supplement	Offity	Offig	rieaitii bellelit Fiali	Medicare	Medicald	Other
Total Members at end of:										
1. Prior Year	604,853	85,994	317,004	16,159				183,780		
2. First Quarter	649,558	109,807	324,274	16,169				197,381		
3. Second Quarter	654,762	112,477	325,226	16,414				198,738		
4. Third Quarter	662,431	115,504	327,106	16,711				201,196		
5. Current Year	668,246	114,278	332,542	16,930			1,756	202,740		
6. Current Year Member Months	7,859,605	1,330,740	3,916,259	197,019			22,321	2,393,266		
Total Member Ambulatory Encounters for Year:										
7 Physician	9,317,943	1,105,013	3,246,772	356,063			23,725	4,586,370		
8. Non-Physician	1,080,554	128,143	376,511	41,291				531,858		
9. Total	10,398,497	1,233,156	3,623,283	397,354	0		0 26,476	5,118,228	0	
10. Hospital Patient Days Incurred	501,322	43, 126	101,113	20,454			739	335,890		
11. Number of Inpatient Admissions	68,168	6,506	19,332	2,448			313	39,569		
12. Health Premiums Written (b)	4,294,262,087	566,300,015	1,600,944,580	36,443,663			11,576,842	2,078,996,987		
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	4,292,757,686	566,300,015	1,600,944,580	36,443,663			11,576,842	2,077,492,586		
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	s3,849,379,698	474,614,767	1,424,595,033	29,293,297			11,423,114	1,909,453,487		
18 Amount Incurred for Provision of Health Care Serv	vices 3,870,794,999	495, 167, 387	1,451,973,605	30,113,788			10,610,670	1,882,929,549		

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products

and number of persons insured under indemnity only products .......

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



(LOCATION)

#### ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

## **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION Priority Health 2. Grand Rapids, MI

								(LOCATION	1)	
AIC Group Code 3383 BUSINE	ESS IN THE STATE OF					DURING THE Y	EAR 2021	NAIC Com	pany Code	95561
	1	Comprehensive (Ho		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	604,853	85,994	317,004	16,159	0		1,916	183,780	0	
2. First Quarter		109,807	324,274	16 , 169	0		1,927	197,381	0	
3. Second Quarter	654,762	112,477	325,226	16,414	0		01,907	198,738	0	
4. Third Quarter		115,504	327, 106	16,711	0		01,914	201,196	0	
5. Current Year	668,246	114,278	332,542	16,930	0		1,756	202,740	0	
6. Current Year Member Months	7,859,605	1,330,740	3,916,259	197,019	0		22,321	2,393,266	0	
Total Member Ambulatory Encounters for Year:										
7 Physician	9,317,943	1,105,013	3,246,772	356,063	0		23,725	4,586,370	0	
8. Non-Physician	1,080,554	128 , 143	376,511	41,291	0		02,751	531,858	0	
9. Total	10,398,497	1,233,156	3,623,283	397,354	0	1	26,476	5,118,228	0	
10. Hospital Patient Days Incurred	501,322	43,126	101,113	20,454	0	1	739	335,890	0	
11. Number of Inpatient Admissions	68,168	6,506	19,332	2,448	0		313	39,569	0	
12. Health Premiums Written (b)	4,294,262,087	566,300,015	1,600,944,580	36,443,663	0		11,576,842	2,078,996,987	0	
13. Life Premiums Direct		0	0	0	0		0	0	0	
14. Property/Casualty Premiums Written		0	0	0	0		0  0	0	0	
15. Health Premiums Earned	4,292,757,686	566,300,015	1,600,944,580	36,443,663	0		11,576,842	2,077,492,586	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	(	0	0	0	
17. Amount Paid for Provision of Health Care Services	3,849,379,698	474,614,767	1,424,595,033	29,293,297	0		011,423,114	1,909,453,487	0	
18 Amount Incurred for Provision of Health Care Services	3,870,794,999	495, 167, 387	1,451,973,605	30,113,788	0	(	10,610,670	1,882,929,549	0	

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products

.....2,078,996,987

<sup>..0</sup> and number of persons insured under indemnity only products

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

#### **SCHEDULE S - PART 1 - SECTION 2**

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
									Reserve Liability			
NAIC					Type of	Type of			Other Than for	Reinsurance Payable	Modified	
Company	ID	Effective		Domiciliary	Reinsurance	Business		Unearned	Unearned	on Paid and	Coinsurance	Funds Withheld
Company Code	Number	Date	Name of Reinsured	Jurisdiction	Assumed	Assumed	Premiums	Premiums	Premiums	Unpaid Losses	Reserve	Under Coinsurance
										1		
								1				
				\ \ \								
										1		
								1		1		
								1		1		
										1		
										1		
9999999 - T	otals											

#### **SCHEDULE S - PART 2**

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year NAIC Company Effective Domiciliary Unpaid Losses Name of Company Paid Losses Code Number Date Jurisdiction 0399999. Total Life and Annuity - U.S. Affiliates 0 0699999. Total Life and Annuity - Non-U.S. Affiliates 0799999. Total Life and Annuity - Affiliates 0 1099999. Total Life and Annuity - Non-Affiliates 0 0 1199999. Total Life and Annuity 0 1499999. Total Accident and Health - U.S. Affiliates 0 0 0 0 .241,749 MO. 0 241,749 2199999. Total Accident and Health - Non-Affiliates 2299999. Total Accident and Health 241,749 241,749 0 2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) 2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999) 241,749 0

9999999 Totals - Life, Annuity and Accident and Health

## **SCHEDULE S - PART 3 - SECTION 2**

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

20090990 Total General Account - Certified Non-Affiliates				. Neilisuland					_ ' _ '	ember 31, Current Ye		0 1 0 " 1	10	1
Company   Comp	1	2	3	4	_	6	/	8	9				13	14
Company   December   Company   December   Company   Company   Control   Co									l		11	12		
Carbon   C														
1999099- Tract Greenal Account Ambrevea U.S. Affiliates														
1,099999, Total Coleman Account. Authorized Milleria   0   0   0   0   0   0   0   0   0					diction	Ceded	Ceded	Premiums	(Estimated)	Premiums	Current Year			Coinsurance
19799999   Total Centreal Account - Authorized Affiliaties							0	0	0	0			C	
1009009-1014 Control Account Authorized Non-Affaitines	0699999.	Total Genera	I Account - A	uthorized Non-U.S. Affiliates			0	0	0	0	0	0	0	
1999999 Total General Account Approximed	0799999.	Total Genera	l Account - Ai	uthorized Affiliates			0	0	0	0	0	0	0	
1,499996   Total General Account - Unauthorized US. Affiliases	1099999.	Total Genera	I Account - A	uthorized Non-Affiliates			0	0	0	0	0	0	C	
1799999 Total General Account - Unauthroised Not U.S. Affiliates	1199999.	Total Genera	I Account Aut	thorized				0	0	0	0	0	0	C
1799999 Total General Account - Unauthroised Not U.S. Affiliates	1499999.	Total Genera	I Account - U	nauthorized U.S. Affiliates				0	0	0	0	0	0	(
1999999 Total General Account - Unauthroized Ministrates								0	0	0	0	0	) 0	(
2199999   Total General Account - Linear University   0   0   0   0   0   0   0   0   0								0	0	0	0	0	0	(
2299999   Total General Account - Certified U.S. Affiliates								0	0	0	0	0	) 0	(
2599999   Total General Account - Certified Non-U.S. Affiliates   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								•	n	0	0	_		1
2690909 Total General Account - Certified NiFediates								•	0	0	· ·	·		
2599999   Total General Account - Geriffed Mon-Affiliates   0   0   0   0   0   0   0   0   0								•	0	,	•	•		0
2029999   Total Central Account - Certified Non-Affiliates							+	•	0	,		·		0
Systems   Total Centeral Account - Exceptional Jurisdiction U.S. Affiliates   0   0   0   0   0   0   0   0   0								<u> </u>	0	,	•			0
3699999   Total Cameral Account - Reciprocal Jurisdiction Non-U.S. Affiliates								•	,	•	-	-	-	0
999999  Total Cemeral Account - Reciprocal Jurisdiction Millates								•	0	,	Ü			0
4999999  Total General Account - Reciprocal Jurisdiction Non-Affiliates								•	0	,				0
4399999   Total General Account Reciprocal Jurisdiction Non-Affiliates   0   0   0   0   0   0   0   0   0								•	,	,		·		0
A499999   Total General Account Reciprocal Jurisdiction and Certified   0   0   0   0   0   0   0   0   0								•	0	,	Ü		.	0
4599999, Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified   0   0   0   0   0   0   0   0   0									0	,	•		, ,	0
4899999. Total Separate Accounts: - Authorized U.S. Affiliates  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								<u> </u>	•	,				0
S199999 Total Separate Accounts - Authorized Non-U.S. Affiliates									0	,	•			0
S299999 Total Separate Accounts - Authorized Ministes									0	,	•			0
5599999 Total Separate Accounts - Authorized Non-Affiliates								0	0	0	0	0	0	0
56999999 Total Separate Accounts - Unauthorized VJ S. Affiliates   0   0   0   0   0   0   0   0   0	5299999.	Total Separa	te Accounts -	Authorized Affiliates				0	0	0	0	0	0	0
56999999 Total Separate Accounts - Unauthorized VJ S. Affiliates   0   0   0   0   0   0   0   0   0	5599999.	Total Separa	te Accounts -	Authorized Non-Affiliates				0	0	0	0	0	0	0
6239999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates								0	0	0	0	0	0	0
6239999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates								0	0	0	0	C	0	0
6399999. Total Separate Accounts - Unauthorized Mon-Affiliates								0	0	0	0	0	0	0
6699999. Total Separate Accounts - Unauthorized Non-Affiliates								0	0	) 0	0	·		0
6799999. Total Separate Accounts Unauthorized								0	0	) 0	0	0	) 0	1 0
Togogogo, Total Separate Accounts - Certified Non-U.S. Affiliates							+		n	•				1
739999. Total Separate Accounts - Certified Non-U.S. Affiliates								·	n	,				0
T499999. Total Separate Accounts - Certified Affiliates   0   0   0   0   0   0   0   0   0								•	n	,	Ů.	·		n
7799999. Total Separate Accounts - Certified Non-Affiliates							+		0	,	•	_		0
7899999   Total Separate Accounts Certified							+		0	,	0	·		0
88627   06-0839705   09/01/2020   Siris Reinsurance Life & Health America,   100   SSL/1   CMM   2,298,331   SR (estinsurance Life & Health America,   100   SSL/1   CMM   2,298,331   SR (estinsurance Life & Health America,   100   SSL/1   CMM   2,298,331   SR (estinsurance Life & Health America,   100   SSL/1   CMM   2,298,331   SR (estinsurance Life & Health America,   100   SSL/1   CMM   2,298,331   SR (estinsurance Life & Health America,   100   SSL/1   CMM   2,298,331   SR (estinsurance Life & Health America,   100   SSL/1   CMM   2,298,331   SR (estinsurance Life & Health America,   100   SSL/1   CMM   2,298,331   SR (estinsurance Life & Health America,   100   SSL/1   CMM   2,298,331   SR (estinsurance Life & Health America,   100   SSL/1   CMM   2,298,331   SR (estinsurance Life & Health America,   100   SSL/1   CMM   2,298,331   SR (estinsurance Life & Health America,   100   SSL/1   CMM   2,298,331   SR (estinsurance Life & Health America,   100   SSL/1   CMM   2,298,331   SR (estinsurance Life & Health America,   100   SSL/1   CMM   2,298,331   SR (estinsurance Life & Health America,   100   SSL/1   CMM   2,298,331   SR (estinsurance Life & Health America,   100   SSL/1   CMM   2,298,331   SR (estinsurance Life & Health America,   100   SSL/1   CMM   2,298,331   SR (estinsurance Life & Health America,   100   SR/1   CMM   2,298,331   SR (estinsurance Life & Health America,   100   SSL/1   CMM   2,298,331   SR (estinsurance Life & Health America,   100   SR/1   CMM   2,298,331   SR (estinsurance Life & Health America,   100   SR/1   CMM   2,298,331   SR (estinsurance Life & Health America,   100   SR/1   CMM   2,298,331   SR (estinsurance Life & Health America,   100   SR/1   CMM   2,298,331   SR (estinsurance Life & Health America,   100   SR/1   CMM   2,298,331   SR (estinsurance Life & Health America,   100   SR/1   CMM   2,298,331   SR (estinsurance Life & Health America,   100   SR/1   CMM   2,298,331   SR/1   SR/1   CMM   2,298,331   SR/1   SR/1   CMM   2,298,331   SR/1   SR/1   SR/1   SR/1   S							+	•	0	0	0	·		0
R02627   .06-0839705   .09/01/2021   Swiss Reinsurance Life & Heal th America,   MO   .SSL/I   .CMM   .2,298,331					WO.	001/1	CINI	•	0	0	U	U	0	0
809999. Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates - Other														
819999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates  819999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates  819999. Total Separate Accounts - Reciprocal Jurisdiction Mon-U.S. Affiliates  8199999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates  8199999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates  8199999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates  8199999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates  8199999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified  8199999. Total U.S. (Sum of 0399999, 1499999, 199999, 1999999, 1999999, 1999999, 1999999, 1999999, 1999999, 1999999, 1999999, 199999, 1999999, 199999, 1999999, 199999,					IWU		UWM	, . ,			^			
849999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									•	•	·	·		0
8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates  8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								4,596,662	0	,	•	-		0
8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	8499999.	Total Separa	e Accounts -	Reciprocal Jurisdiction Non-U.S. Affiliates				4 500 000	0	,	· ·	·		0
899999. Total Separate Accounts Reciprocal Jurisdiction 909999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified 4,596,662 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								4,596,662	0	,	0			0
9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified 4,596,662 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								0	0	,	0	•		0
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 4,596,662 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								, ,	0	,	0			0
6499999, 7099999, 8199999 and 8699999)  9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2099999, 3199999, 3199999, 5199999, 5199999, 5499999, 6299999, 6299999, 6299999, 7399999, 7699999, 8499999 and 8799999)  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								4,596,662	0	0	0	0	0	0
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2099999, 3199999, 3199999, 5199999, 5199999, 6299999, 6299999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)				-,,,,,,,	99, 4199999, 489	99999, 5399999,	5999999,							
659999, 739999, 7699999, 8499999 and 8799999) 0 0 0 0 0 0 0								4,596,662	0	0	0	0	0	0
					999999, 4299999	9, 5199999, 5499	9999, 6299999,							
999999 - Totals 0 0 0 0 0 0			99999, 76999	999, 8499999 and 8799999)				0	0	0	0			0
	9999999 -	Totals						4,596,662	0	0	0	0	0	0

Schedule S - Part 4

NONE

Schedule S - Part 4 - Bank Footnote **NONE** 

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote **NONE** 

## SCHEDULE S - PART 6 Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)  1 2 3 4 5												
		2021	2020	2019	2018	2017							
	A. OPERATIONS ITEMS												
1.	Premiums	4,374	2,665	2,613	2,006	1,514							
2.	Title XVIII - Medicare				195	56							
3.	Title XIX - Medicaid												
4.	Commissions and reinsurance expense allowance												
	·												
5.	Total hospital and medical expenses	1 , 139	1,849	1,68/	765	1,709							
	B. BALANCE SHEET ITEMS												
6.	Premiums receivable												
7.	Claims payable	0	0	0	0	0							
8.	Reinsurance recoverable on paid losses	242	0	11	799	3, 140							
9.	Experience rating refunds due or unpaid												
10.	Commissions and reinsurance expense allowances due												
11.	Unauthorized reinsurance offset												
12.	Offset for reinsurance with Certified Reinsurers												
	C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)												
13.	Funds deposited by and withheld from (F)	0	0	0	0	0							
14.	Letters of credit (L)	0	0	0	0	0							
15.	Trust agreements (T)	0	0	0	0	0							
16.	Other (O)	0	0	0	0	0							
	D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)												
17.	Multiple Beneficiary Trust			0	0	0							
18.	Funds deposited by and withheld from (F)			0	0	0							
19.	Letters of credit (L)			0	0	0							
20.	Trust agreements (T)			0	0	0							
21.	Other (O)			0	0	0							

#### **SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	,	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	1,702,624,233	4,596,663	1,707,220,896
2.	Accident and health premiums due and unpaid (Line 15)	67,797,048		67,797,048
3.	Amounts recoverable from reinsurers (Line 16.1)	241,749		241,749
4.	Net credit for ceded reinsurance	xxx	(4,596,663)	(4,596,663)
5.	All other admitted assets (Balance)	142,472,097		142,472,097
6.	Total assets (Line 28)	1,913,135,127	0	1,913,135,127
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	413,725,773		413,725,773
8.	Accrued medical incentive pool and bonus payments (Line 2)	29,806,042		29,806,042
9.	Premiums received in advance (Line 8)	42,594,789		42,594,789
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)			0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	185,995,628		185,995,628
15.	Total liabilities (Line 24)	672,122,232	0	672,122,232
16.	Total capital and surplus (Line 33)	1,241,012,898	XXX	1,241,012,898
17.	Total liabilities, capital and surplus (Line 34)	1,913,135,130	0	1,913,135,130
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	(4,596,663)		
23.	Total ceded reinsurance recoverables	(4,596,663)		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	. 0		
30.	Total ceded reinsurance payables/offsets	. 0		
31.	Total net credit for ceded reinsurance	(4,596,663)		

# Schedule T - Part 2 - Interstate Compact NONE

### **SCHEDULE Y**

#### PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
.	-			Ĭ	l		Ü				Type	If		1 .	1 .0
											of Control	Control			
											(Ownership,	is		Is an	
						Name of Securities			Relation-		Board.	Owner-		SCA	
								D:							
						Exchange	., .	Domi-	ship		Management,	ship		Filing	
_		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No	) *
3383	Priority Health	95561	38-2715520	0	0		Priority Health	MI	UDP	Spectrum Health System	Ownership	94.400	Spectrum Health System	NO	
								MI		Munson HealthCare	Owner ship	5.600		NO	1 .
	Priority Health		32-0016523	0	0		Priority Health Choice, Inc.	MI		Priority Health	Owner ship		Spectrum Health System	N0	
	Priority Health		20-1529553	0	0		Priority Health Insurance Company	MI	IA	Priority Health	Ownership		Spectrum Health System	NO	
	Priority Health		38-2018957	0	0		Total Health Care Inc.	MI	IA	Priority Health	Ownership		Spectrum Health System	N0	
	Priority Health		38-3240485	0	0		Total Health Care USA Inc.	MI	IA	Total Health Care Inc.	Owner ship		Spectrum Health System	NO	
	Priority Health		84-2310771	0	0		Total Health Care Foundation	MI		Priority Health	Owner ship		Spectrum Health System	N0	
	Priority Health		38-2715520	0	0		PHMB Properties, LLC	MI		Priority Health	Owner ship		Spectrum Health System	NO	
	Priority Health		38-2663747	0	0		Trinity Health Plans	MI		Priority Health	Ownership		Spectrum Health System	N0	
3383	Priority Health		38-3085182	0	0		Priority Health Managed Benefits, Inc	MI		Spectrum Health System	Ownership	100.000	Spectrum Health System	NO	
				0	0		Spectrum Health Grand Rapids	MI		Spectrum Health System	Ownership		Spectrum Health System	N0	
				0	0		Spectrum Health Big Rapids Hospital	MI		Spectrum Health System	Ownership		Spectrum Health System	N0	
				0	0		Spectrum Health Reed City Hospital	MI		Spectrum Health System	Owner ship		Spectrum Health System	N0	
				0	0		Spectrum Health Gerber Hospital	MI		Spectrum Health System	Ownership		Spectrum Health System	N0	
				0	0		Spectrum HeatIh Ludington Hospital	MI		Spectrum Health System	Owner ship		Spectrum Health System	N0	
				0	0		Spectrum Health Pennock	MI		Spectrum Health System	Ownership		Spectrum Health System	N0	
		.		0	0		Spectrum Health United Hospital	MI		Spectrum Health System	Owner ship		Spectrum Health System	N0	
				0	0		Spectrum Health Kelsey Hospital	MI		Spectrum Health System	Owner ship		Spectrum Health System	N0	
		.		0	0		Spectrum Health Zeeland Community Hospita			Spectrum Health System	Owner ship		Spectrum Health System	N0	
				0	0		Spectrum Health Continuing Care	MI		Spectrum Health System	Ownership		Spectrum Health System	N0	
		.[		0	0		Spectrum HeatIh Medical Group	MI		Spectrum Health System	Ownership		Spectrum Health System	N0	
				0	0		Spectrum Health Lakeland	MI	NIA	Spectrum Health System	Ownership.	100.000	Spectrum Health System	N0	

Asterisk	Explanation
1	Spectrum Health Systems (EIN 38-3382353), Class A Shareholder - 94.5%; Munson Healthcare (EIN 38-1362830), Class B Shareholder - 5.5%

#### **SCHEDULE Y**

#### PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

	TAKIZ-JOINIMAKI OI INJOKLIK JIKANJACIIONJ WIIII ANI AI IILIAILJ													
1	2	3	4	5	6	7	8	9	10	11	12	13		
						Income/								
						(Disbursements)								
					Purchases, Sales	Incurred in						Reinsurance		
					or Exchanges of	Connection with		Income/		Any Other Material		Recoverable/		
					Loans, Securities,	Guarantees or		(Disbursements)		Activity Not in the		(Payable) on		
NAIC					Real Estate,	Undertakings for	Management	Incurred Under		Ordinary Course of		Losses and/or		
Company	ID	Names of Insurers and Parent,	Shareholder	Capital	Mortgage Loans or	the Benefit of any	Agreements and	Reinsurance		the Insurer's		Reserve Credit		
Code	Number	Subsidiaries or Affiliates	Dividends	Contributions	Other Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)		
12208	20-1529553	Priority Health Insurance Company					(21,509,422)				(21,509,422)			
	38-3085182	Priority Health Managed Benefits					375,008,242				375,008,242			
95561	38-2715520						(280,545,337)		.		(280,545,337)			
	32-0016523	Priority Health Choice, Inc.					(47,725,563)				(47,725,563)			
	38-2018957	Total Health Care inc.					(13,979,288)				(13,979,288)			
	38-3240485	Total Health Care USA Inc.					(11,248,632)				(11,248,632)			
12020		Total Hearth Gale GOA IIIC.					(11,240,002)				(11,240,002).			
·····			•						····		• • • • • • • • • • • • • • • • • • • •			
·····											• • • • • • • • • • • • • • • • • • • •			
·····														
•••••							• • • • • • • • • • • • • • • • • • • •							
9999999 Co	ntrol Totals		^	Λ	0	^	Λ	·	) XXX	^	^	Λ		
9999999 CO	TILIOI TULAIS		0	U	l 0	U	U	·	7	1 0	U	U		

## **SCHEDULE Y**

#### PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

PARI 3 - ULTIMATE CONTI	ROLLING PARTY AND LISTING OF O	THER U.S. INS	URANC	E GROUPS OR ENTITIES UNDER	THAT ULTIMATE CONTROLLING	PARTY'S CON	IROL
1	2	3	4	5	6	7	8
			Granted				Granted
			Disclaimer				Disclaimer
			of Control\				of Control\
			Affiliation of				Affiliation of
		Ownership	Column 2			Ownership	Column 5
		Percentage	Over			Percentage	Over
		Column 2 of	Column 1		U.S. Insurance Groups or Entities Controlled	(Column 5 of	Column 6
Insurers in Holding Company	Owners with Greater Than 10% Ownership	Column 1	(Yes/No)	Ultimate Controlling Party	by Column 5	Column 6)	(Yes/No)
Priority Health	Spectrum Health System	94.400	NO	Spectrum Health System	Priority Health	94.400	
Priority Health Choice, Inc.	Priority Health		NO	Spectrum Health System	Priority Health	94.400	NO
Priority Health Insurance Company	Priority Health	100.000	NO	Spectrum Health System	Priority Health	94.400	NO
Total Health Care Inc.	Priority Health	100.000	NO	Spectrum Health System	Priority Health	94.400	NO
Total Health Care USA Inc.	Total Health Care Inc.	100.000	NO		Priority Health	94.400	NO
		-					
		-					
							·····

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		_	Responses
	MARCH FILING		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by		YES
2.	Will an actuarial opinion be filed by March 1?		YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 19		YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile,	ir required, by March 1?	YES
	APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?		YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?		YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?		YES
	JUNE FILING		
8.	Will an audited financial report be filed by June 1?		YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and ele	ectronically with the NAIC by June 1?	YES
٥.		,	
	The following supplemental reports are required to be filed as part of your annual supplement. However, in the event that your company does not transact the		
	to the specific interrogatory will be accepted in lieu of filing a "NONE" report		
	but is not being filed for whatever reason enter SEE EXPLANATION and provide a		, , . ,
	MARCH FILING		
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state		YES
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and		NO
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of		NO
13.	Will the actuarial opinion on participating and non-participating policies as required be filed with the state of domicile and electronically with the NAIC by March 1?	d in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement	NO
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory		INO
	domicile and electronically with the NAIC by March 1?		NO
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile	and the NAIC by March 1?	NO
16.	Will an approval from the reporting entity's state of domicile for relief related to the		
4-7	electronically with the NAIC by March 1?		NO
17.	Will an approval from the reporting entity's state of domicile for relief related to the electronically with the NAIC by March 1?		NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the	Requirements for Audit Committees be filed electronically	INO
	with the NAIC by March 1?		NO
	•		
	APRIL FILING		
19.	Will the Long-Term Care Experience Reporting Forms be filed with the state of do		NO
20.	Will the Supplemental Life data due April 1 be filed with the state of domicile and t		NO 
21.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state		YES
22.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense A NAIC by April 1?		YES
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit		TLO
	NAIC by April 1?		NO
	AUGUST FILING		
24.	Will Management's Report of Internal Control Over Financial Reporting be filed wi	ith the state of domicile by August 1?	YES
	Explanations:		120
11.	The data for this supplement is not required to be filed.		
12.	The data for this supplement is not required to be filed.		
13.	The data for this supplement is not required to be filed.		
14.	The data for this supplement is not required to be filed.		
15.	The data for this supplement is not required to be filed.		
16.	The data for this supplement is not required to be filed.		
17.	The data for this supplement is not required to be filed.		
18. 19.	The data for this supplement is not required to be filed.  The data for this supplement is not required to be filed.		
20.	The data for this supplement is not required to be filed.		
23.	The data for this supplement is not required to be filed.		
	Bar Codes:		
11.	Life Supplement [Document Identifier 205]		
		9 5 5 6 1 2 0 2 1 2 0 5 0 0	0 0
12.	SIS Stockholder Information Supplement [Document Identifier 420]		
		9 5 5 6 1 2 0 2 1 4 2 0 0 0 0	0 0
13.	Participating Opinion for Exhibit 5 [Document Identifier 371]		
		9 5 5 6 1 2 0 2 1 3 7 1 0 0 0	0 0
14.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]		
		9 5 5 6 1 2 0 2 1 3 7 0 0 0	0 0 0
15.	Medicare Part D Coverage Supplement [Document Identifier 365]		
		.   1881   B   184   B   B   B   B   B   B   B   B   B	
		9 5 5 6 1 2 0 2 1 3 6 5 0 0	0 0 0
16.	Relief from the five-year rotation requirement for lead audit partner [Document	.   1881   18   18   18   18   18   18	
	Identifier 224]	.   1881   B. 181   B. 311   B. 311   B. 311   B. 312   B. 313   B. 313   B. 313   B. 313   B. 313   B. 313   B	
		9 5 5 6 1 2 0 2 1 2 2 4 0 0	0 0
17.	Relief from the one-year cooling off period for independent CPA	.   1881   18   18   18   18   18   18	
	[Document Identifier 225]	.   1881   B. 181   B. 181   B. 181   B. 181   B. 18	
		9 5 5 6 1 2 0 2 1 2 2 5 0 0	0 0 0

Relief from the Requirements for Audit Committees [Document Identifier 226]

Long-Term Care Experience Reporting Forms [Document Identifier 306]

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 20. Life Supplement [Document Identifier 211]
- 23. Life, Health & Annuity Guaranty Association Assessable Premium Exhibit Parts 1 and 2 [Document Identifier 290]





#### SUPPLEMENT FOR THE YEAR 2021 OF THE Priority Health

#### MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021 (To Be Filed by March 1)

FOR THE STATE OF Michigan.

NAIC Group Code 3383 NAIC Company Code 95561

ADDRESS (City, State and Zip Code) Grand Rapids , MI 49525-4501

Person Completing This Exhibit

..... Telephone Number .....

1	2	3	4	5	6	7	8	9	10	Telephone	Policies Issued Through 2018 Policies Issued in 2019; 2020; 202						
										11	Incurred	d Claims	14	15	Incurred Claims		18
		Standardized									12	13			16	17	
Compliance		Medicare		Plan		Date						Percent of	Number of			Percent of	Number of
with	Policy Form	Supplement		Character-	Date	Approval	Date Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
									Priority Health Medigap								
YES	1955	A	N0	0234000	12/02/2009				. Plan A			0.0				0.0	
									Priority Health Medigap								
YES	1956		N0	0234000	12/02/2009			05/31/2010	. Plan C			0.0				0.0	
		_							Priority Health Medigap								
YES	1957	F	NO	0234000	12/02/2009			05/31/2010	. Plan F			0.0				0.0	
V/E0	1000 10		NO	000 1000	10 (00 (0011		10 (05 (0010		Priority Health Medigap			0.0		404 444	100 510	440.7	70
YES	4996–12		N0	0234000	10/06/2011		12/05/2016		Plan A			0.0		121, 144	136,542	112.7	/2
YES	4997-12	n	NO.	0234000	10/06/2011				Priority Health Medigap Plan D			0.0		430.948	409.074	94 9	195
150	4997-12		JNU	0234000	10/00/2011				Priority Health Medigap					430,940	409,074	94.9	193
YES	4998-12	E	NO.	0234000	10/06/2011				Plan F			0.0		20.868.486	16.511.091	79.1	7.614
120	4330 12			0204000	10/00/2011				Priority Health Medigap					20,000,400	10,511,031		7,014
YES.	4999-12	N	NO	0234000	10/06/2011				Plan N			0.0		3.239.756	2,555,626	78 9	2,093
	4000 IL			0204000	10/ 00/ 2011				Priority Health Medigap								2,000
YES.	5000-15	G	NO	0234000	09/18/2014				Plan G			0.0		11,562,579	10,340,741	89.4	6,894
					I			Ī	Priority Health Medigap								,
YES.	2017-0000	.lc	NO	0234000	09/19/2016				Plan C			0.0		220,750	160,713	72.8	56
0199999. To	tal Experience o	on Individual Po	olicies	•	•	•	•	•	•	0	0	0.0	0	36,443,663	30, 113, 787	82.6	16,924

#### GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state. 2.1 Address:

Title

- 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - 3.1 Address:
  - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O".